		Effective O	31496-6 15003	ation re	CORD			ander
		ws as file				51781	Hf.	ند
	TOTAL CLAIMS			Column 2)	Small ent	'ITY	OTUR	G Sin
			T	TAIDIIII ET	TYPE	OR	SMALL	r than Entity
	FOR	All INAC	BER FILED NI		RATE	FEE	RATE	7
$\parallel \parallel$	TOTAL CHARGEABLE CLA	110ME	PER FILED . NI	UMBER EXTRA	BASIC FEE 3	85.00 OB		FEE
		IMS	minus 20= *			OR OR	BASIC FEE	770.00
1111	INDEPENDENT CLAIMS		minus 3 = *		X\$ 9=	OR	X\$18=	
	MULTIPLE DEPENDENT CL	AIM PRESENT			X43=		X86=	
11					OR OR			
	f the difference in column 1 is less than zero, ent			n column a	+145=	OR	+290=	
	CLAIMS A	SAMFAN			TOTAL	OR .	TOTAL	
	CLAIMS AS AMENDED - PART II						لي	
Q	Ol Air		(Column 2)	(Column 3)	SMALL ENTI	TY OR S	other t Small ei	MAN
	AFTER		NUMBER PREVIOUSLY	PRESENT	AD	DI-		ADDI-
SEQ.	Total #		PAID FOR	EXTRA	RATE TION			TIONAL
AMENDMENT	Independent a	Minus	AA	=	X\$ 9=	. -		FEE
AB	FIRST PRESENTATION OF	Minus	###	= .		OR X	(\$18=	. :
	FIRST PRESENTATION OF	MULTIPLE DE	PENDENT CLAIM		X43=	OR >	(86=	
	, ,				+145=			
•	7/23/07		•		TOTAL		290=	·
_	(Column 1)	(Column 2)	(Column 3)	ADDIT, FEE	OR ADD	TOTAL IT. FEE	
201	. REMAINING	1	HIGHEST NUMBER					
	AFTER AMENDMEN	7	PREVIOUSLY	PRESENT EXTRA	RATE TIONA	. 11 11		DDI-
	Total #	Minus ·	PAID FOR		FEE	_ H/		DNAL EE
	Independent a 3	Minus		=	X\$ 9=	OR X\$	18=	<u> </u>
	FIRST PRESENTATION OF A	AULTIPLE DEP	TANK 3	=	X43=			
			LINDENI CLAIM			OR X8	6=	
					+145=	OR +29	0=	
	10 -1			•	ADDIT. FEE	ת מו	DTAL	
T	(Column 1)		(Column 2)	Column 3)		ADDIT.	FEE	_
11	(DC0444444	1	HIGHERT T					11

S O DISTOR		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) " HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
	Total	α	Minus	cra	
	Independent	ri d	Minus		=
	FIRST PRESE	NTATION OF MI	JITIPI E DE	PENDENT CLAIM	=
			THE DE	LEUDEMI CLVIM	

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

'n	<u> </u>	T ADDA	71			
	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	X\$ 9=		OR	X\$18=		
	X43=		OR	X86=		
	4145=		OR	+290=	·	
A	TOTAL DDIT. FEE		OR	TOTAL ODIT. FEE		

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